



2024-2025 HANDBOOK

Last Name	_____
Orchestra	_____

SIGNATURE PAGE

The handbook will be distributed electronically to all orchestra members and it's available to electronically sign online on the orchestra website: www.lafayetteorchestra.org/forms

After reviewing the handbook, please sign this form within the first 2 weeks of school.

This form counts as a grade.

I, (student name) _____, have read and understand the Lafayette High School Orchestra Handbook. I feel as though I can make a positive contribution to the Orchestra program at Lafayette and that I will follow all rules and procedures outlined herein.

Signature of Orchestra Parent/Guardian

Signature of Orchestra Student

Date

Student T Shirt Size _____



FCPS Volunteer Permit

In order to volunteer in any capacity including ushers, chaperones, volunteers at school, and chaperones at our off-campus events you must be a registered volunteer with FCPS. **Volunteers need to renew every 4 years.** Make sure your form is up-to-date today!

www.lafayetteorchestra.org/volunteer



Chaperone Contract

Please **pre-sign** our chaperone contract in the event you sign up to volunteer.



Additional Fall Digital Forms

Don't forget to complete the additional fall forms online. All forms are linked here:

www.lafayetteorchestra.org/forms

2024-2025 Lafayette Orchestra Calendar

I, (student name) _____, have reviewed the **required** Lafayette High School Orchestra Concert Dates. I have placed them on the family calendar and understand that concerts are required and graded. Any absences will result in a reduced grade and make up assignments may not be allowed without prior approval.

Signature of Orchestra Parent/Guardian

Signature of Orchestra Student

Date

July

15-18 Freshman Camp 9:00–noon

August

14 First day of school for students

23 Forms Due, Section Leader Resumes Due

27 Orchestra Parent Meeting, 6:00

September

2 Labor Day, schools and offices closed

6 Orchestra Cook-Out, Shilito Park Shelter No 1, 5:30

26 Sponsorship Packet Due

27 Depart for Disney

30-4 Fall Break

October

2 Return from Disney

11 KMEA S&E Forms Due

24 Costume Concert, 7:00, String and Concert

25 Mischief Night, 7:00, Chamber and Symphonic Orchestras

November

5 Election Day, no classes for students

6-7 SCAPA Master Class

13-14 SCAPA Juries-In Class

23 KMEA Solo and Ensemble @ Bryan Station HS

27-30 Thanksgiving Break

December

12 Winter Concert, 7:00, Beeler Auditorium

17-20 End Of Course Exams

23-3 Winter Break

January

7 Classes resume

20 Martin Luther King Day, no classes

23 LHS Musical Begins

February

5-8 All State Orchestra at KMEA Conference

17 Presidents Day, no classes

March

14 No classes for students, possible weather make-up day

17-18 KMEA Large Ensemble Festival, Singletary

April

4 LHSO Placement Auditions

7-11 Spring Break

17-19 SCAPA Musical

23-24 SCAPA Juries

May

2 SCAPA Underclassman Recital, 6:00

6 Spring Concert @ Singletary, 7:00

17 Prom

20 Election Day

23 Banquet

26 Memorial Day

28 Last Day of School



Last Name: _____

Orchestra: _____

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided.

I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Please check below IF you student has allergy or sensitivity that needs to be accommodated on this trip:

Bee Sting Nuts Dairy Latex Other: _____

Asthma Diabetes Seizure Disorder Heart Condition Other: _____

Medications need to be administered during the trip: yes** no

**** If my student requires medication, I understand that I am obligated to ensure that the medication and the (FCPS) Medication Authorization Form are on file prior to the trip and I will supply the medication in the original container on the day of the trip. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian and physician. Please note, school staff is NOT responsible for self-administered medications.**

Student's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: (if unable to reach the above): _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Insurance Company: _____ Phone: _____

Name on Policy: _____ Policy Number: _____ Group #: _____

OVER THE COUNTER (OTC) MEDICATIONS MUST BE AUTHORIZED BY PARENT INITIALS BELOW

Ibuprofen (Motrin, Advil) 200 mg - 1 to 2 tablets every 4 to 6 hours as needed for discomfort, no more than 6 tablets in 24 hours.

_____ yes _____no

Acetaminophen (Tylenol Extra Strength) 500mg - 2 tablets every 6 hours as needed for discomfort, no more than 8 tablets in 24 hours.

_____ yes _____no

Diphenhydramine (Benadryl) 25 mg - ½ to 1 tablet every 4 to 6 hours as needed for relief of allergy symptoms including itching, no more than 6 in 24 hours.

_____ yes _____no

Antacid Calcium Rich (Tums, Rolaids) chew 2-4 tablets for symptoms, no more than 10 in 24 hours

_____ yes _____no

Loperamide (Imodium) 2 mg chew 2 tablets after first loose stool then one after each subsequent stool not to exceed 4 tablets in 24 hours as needed for diarrhea.

_____ yes _____no

Simethicone (Gas X) 125 mg chew 1 or 2 tablets after meals and at bedtime if needed for abdomen pain related to gas pain and pressure not to exceed 4 in 24 hours.

_____ yes _____no

Meclizine Hydrochloride (Dramamine) 25 mg - 1 or 2 tablets as needed once a day one hour before activity that may lead to motion sickness, not to exceed 2 tablets in 24 hours.

_____ yes _____no

I, the undersigned Parent/Guardian, hereby give my permission for _____ to take the OTC medications I have authorized above in accordance with the directions explicitly described for each medication. I understand that medication WILL NOT be dispensed to the student by staff or chaperones. (See procedures for self administering medication.) I understand that the medicine must be brought to the school with complete instructions and in the **original** container with the Physician's order **or** pharmacy label firmly attached to the medication. I further understand that medication to be administered on a trip must be brought to school by the Parent/Guardian and that all medications and paperwork for overnight trips must be turned in at least one week prior to the trip.

For prescription medications, I agree to furnish the necessary prescribed medication and agree to notify the School Nurse and Lafayette Orchestra medical designee immediately of any changes. I understand the Fayette County Board of Education Medication Policies and Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two weeks after the trip or the medication will be destroyed.

Parent/Guardian Signature _____ **Date** _____

I, the undersigned Parent/Guardian, hereby give my permission for the Lafayette Orchestra or representatives on their behalf to seek medical attention for _____ in the event it is deemed advisable for his/her welfare. I give consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment, including surgery. If an operative procedure is recommended, I hereby consent to the administration of any anesthetic, general, local or both by a qualified anesthesiologist. If a blood transfusion is necessary, I consent to this procedure. I understand that no one connected with Lafayette High School or the Lafayette Orchestra Boosters assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participant(s) for the hospital bills, physician fees, and ambulance fee.

Parent/Guardian Signature _____ **Date** _____

School-Related Student Trip Forms

ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

**FAYETTE COUNTY SCHOOL DISTRICT
EXTENDED FIELD TRIPS**

DATE: 2024-2025 School Year

TRIP: LAFAYETTE ORCHESTRA TRIPS

SCHOOL and GROUP: LAFAYETTE HIGH SCHOOL ORCHESTRA

SUPERVISING STAFF MEMBER: KENT / BREECK

I, _____, hereby provide that I will be sponsoring/chaperoning a Fayette County School trip. I understand that all Fayette County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all FCPS field trip policies and procedures for chaperone expectations related to student trips.

Further, it is my understanding the Fayette County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do on school property.

I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Fayette County Board of Education Policies and Procedures or the Fayette County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property.

Check All That Apply

25 or Older on Date of Trip FCPS Employee Parent/Legal Guardian of Student

On the Current FCPS Volunteer Approved List

Understand school/health information related to students is confidential

Chaperone Name (Print)

Chaperone (Signature)

Keep all applicable forms and signatures related to trip on file at school for five (5) years.

RELATED PROCEDURES:
09.36 (all procedures)

Review/Revised:1/27/14



LAFAYETTE ORCHESTRA BOOSTERS CONTRIBUTION AGREEMENT

Last Name _____
Orchestra _____

Orchestra contributions are vital to providing quality experiences to our students. Orchestra Boosters work hard to keep extra costs low for families. These costs are extremely inexpensive as compared to the costs associated with many other school-related extracurricular activities your student might choose. This payment includes: music folder, pencil, orchestra t-shirt, KMEA participation fees, transportation, guest artists, group lessons, performance space rental, concert recordings, attire usage/cleaning, and basic operational expenses.

Students make only one contribution regardless of the number of ensembles in which they are enrolled or being a SCAPA major. Contributions will cover the entire school year expenses. A payment plan may be arranged through the director and booster club. Families that qualify for the free and reduced lunch program should complete the ACTIVITY WAIVER FORM for approval by FCPS.

- STRING ORCHESTRA CONTRIBUTION** **\$70.00**
 We will be paying in two \$35.00 installments
- CONCERT ORCHESTRA CONTRIBUTION** **\$90.00**
 We will be paying in two \$45.00 installments
- SYMPHONIC ORCHESTRA CONTRIBUTION** **\$110.00**
 We will be paying in two \$55.00 installments
- CHAMBER ORCHESTRA CONTRIBUTION** **\$130.00**
 We will be paying in two \$65.00 installments
- SCAPA STRING MAJORS** **\$150.00** *(Majors only pay one contribution)*
 We will be paying in two \$75.00 installments

CONCERT ATTIRE - All students will be REQUIRED to wear a LOA supplied tux, dress, or non binary option for the concert season. Students who currently attend CKYO, or Lafayette Choir will need to request a tux or dress. Note: Any LOA owned dresses, tuxes, or non binary options will be returned to the orchestra at the end of the year. Student contributions include the attire maintenance cost.

RENTAL INSTRUMENTS- Priority is given to students who do not own their own instrument. If available, students may keep their personal instrument at home and rental instrument at school. Rental contracts will be distributed in the first two days of class. Rental contributions and FCPS rental contracts will be due during the first week of classes. Generally, cello and bass players will rent two instruments if they do not have one for home use. .

BOOSTER MEMBERSHIP DUES - All families are invited and encouraged to join the LHS Orchestra Booster Association.

- BOOSTER MEMBERSHIP** **\$15.00** Includes Orchestra Car Magnet

(If completing paper form and writing a check, make payable to Lafayette Orchestra Booster Association)

TOTAL ENCLOSED: \$ _____

STUDENT NAME: _____

CHECK HERE if Paying Online



CHECK OFF BOXES LOCATED TO THE LEFT OF ITEM(S) PURCHASED

If paying by check, please include **Student Name** and **24-25 Orchestra Contributions** in the memo section. Online payments can be made through our Orchestra website. www.lafayetteorchestra.org SCAN QR for access to our store.

RETURN THIS PAGE AND CONTRIBUTION BY AUGUST 23
Lafayette Orchestra Association 401 Reed Lane Lexington, KY 40511